



A Study on Awareness of Maternal and Child Health Care Schemes under National Health Mission in Majuli, Assam

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ABSTRACT

Aim: In this paper an attempt has been made to access the level of awareness on maternal and child health care schemes among women of reproductive age and to examine the association between different socio-demographic factors and awareness level of the respondents.

Methodology: Data are collected using cluster sampling method. Statistical significance is tested using Chi-square test for independence of attributes and significance level is considered at p -value < 0.05 .

Results: Caste of the respondents, order of birth of the children and road communication of the study area has significant association with the awareness level.

Conclusion: Efforts are needed to increase awareness level of the reproductive women in the rural areas like Majuli regarding various free entitlements of NRHM.

Key Words: NRHM, Majuli, JSSK, cluster sampling, Reproductive women

INTRODUCTION

In many parts of India, especially in rural areas, the main role assigned to women is that of child bearer. Thus, pregnancy is one of the most important events in the life of Indian women. Pregnancy-related complications are among the leading causes of death and disability for women age 15-49 years in the developing countries including India^[4]. Most of the maternal deaths are preventable with good antenatal care, timely identification and referral of pregnant women with complications of pregnancy and timely provision of emergency obstetric care^[1]. Therefore, India government introduced the national population policy (NPP-2000) with defined goal to increase institutional delivery by 80.0%, safe delivery by 100% and reducing Maternal Mortality Rate (MMR) by 100 per 1,00,000 live births^[1]. The crucial importance of maternal health is underscored by the 5th goal of the United Nations Millennium Development Goals (MDG)

which is aiming at improving maternal health. Millennium Development Goal-5 aims to reduce the Maternal Mortality Rate (MMR) 109 per 1,00,000 live births by 2015^[4]. India has made considerable progress towards the reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), but the current pace of decline is not sufficient. According to Millennium Development Goal - 2015 report, Maternal Mortality Rate (MMR) in India is 140 per 1,00,000 live births and the state of Assam shows worst performance in reducing Maternal Mortality Rate (MMR). Still Maternal Mortality Rate (MMR) is highest in Assam at 300 per 1,00,000 live births^[4]. To achieve the Millennium Development Goals (MDG), Ministry of Health and family Welfare, Govt of India launched a nationwide initiative – National Rural Health Mission (NRHM) in 2005 and National Urban Health Mission (NUHM) in 2013 and which is popularly known as National Health Mission (NHM). Under National Health Mission (NHM) Govt. of India as well

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as our state government Assam introduced various schemes related to maternal and child health care. The central government implemented Janani Shishu Suraksha Karyakram (JSSK) and Janani Suraksha Yojna (JSY) schemes and our state government Assam also implemented various schemes: Majoni, Mamoni, Mamata in order to improve maternal and child health care. However, the key for the successful implementations of these schemes is the level of awareness among the beneficiaries. Awareness regarding various maternal and child health care schemes among the reproductive women is not much studied in Assam. With this background the present study is conducted to assess the level of awareness on maternal and child health care schemes among the women in the reproductive age in Kamalabari block of Majuli district, Assam.

Description of the Study Area

The researcher collected data from Kamalabari block under Majuli district. Majuli is the world's largest river island and it is a newly announced district by the Assam government.

It is a flood affected area. Due to flood and erosion, the transport and communication system of Majuli is not good. Cultivation is the main occupation of the villagers. Handloom is a major occupation among the women of the villages. The island Majuli has been the hub of Assamese neo-vaishnavite culture, initiated around 15th century by the revered Assamese saint Srimanta Sankardev and his disciple Madhavdev. Many satras or monasteries constructed by the saint still survive and represent the colorful Assamese culture. The Samuguri Satra is famous for the mask making in India.

Methodology

The design of the study is cross sectional and it is based on household investigation. The study is conducted in the Kamalabari block of Majuli District of Assam during 2016. Reproductive women residing in the study area during the study period constituted the study subjects. The researcher set inclusion and exclusion criteria for the study subjects to be included in the sample.

The inclusion criteria are: (i) women in the reproductive age group (ii) the women who have children in the last three years. The exclusion criterion is: (i) the women who are not present in the study area during the study time. In the present study the sample size is 216; which is reasonable as WHO (World Health Organization, 2005) developed a 30 by 7 cluster sampling method for conducting similar type of study [6]. In this study, the Kamalabari block of Majuli district is selected randomly. In the selected block, 12 villages are selected by using probability proportional to size sampling method. Again from each of 12 selected villages, 18 women satisfying inclusion criteria are selected using systematic sampling method in the survey. During the survey, local ASHA helped in locating the houses. In the survey, data on awareness about different maternal and child health care schemes of NRHM are collected. The response is recorded into three categories viz, spontaneously answered, answered after probing and no awareness. If the respondent spontaneously answered about the facility; it is put in the spontaneously answered category and if the respondents answered any facility after recall by the investigator then it is put into answered after probing category and the respondent who are unable to answer by probing and spontaneously; it is put into no awareness about the facility.

Socio-economic status of the study subjects are collected by using instrument developed by *Parasuram S. et al* [3]. All the data are analyzed in SPSS, version 17.0 software. Statistical significance are tested using Chi-square test for independence of attribute and significance level is considered at p-value <0.05.

Key Findings

A total of 216 women are enrolled in the study. Information about different socio- economic characteristics of the enrolled women and their household, information on their birth history, awareness on different facilities on maternal and child healthcare schemes are also collected. The details demographic information of the couples is shown in table 1.

Table 1: Demographic profile of the couples of the study area

Characteristics of Husband	Frequency	Characteristics of Wife	Frequency
Age (in years):		Age (in years):	
20-30	84 (38.9%)	less than 25	93 (43.1%)
30-40	89 (41.2%)	25-30	87 (40.3%)
40 and above	43 (19.9%)	30 and above	36 (16.7%)
Total	216 (100%)	Total	216 (100%)
Caste:		Caste:	
General	28 (13.0%)	General	30 (13.9%)
OBC/MOBC	37 (17.1%)	OBC/MOBC	36 (16.7%)
ST	103 (47.7%)	ST	104 (48.1%)
SC	48 (22.2%)	SC	46 (21.3%)
Total	216 (100%)	Total	216 (100%)

Religion:		Religion:	
Hindu	211 (97.7%)	Hindu	211 (97.7%)
Muslim	5 (2.3%)	Muslim	5 (2.3%)
Total	216 (100%)	Total	216 (100%)
Occupation:		Occupation:	
unemployed	3 (1.4%)	Service	9 (4.2%)
service	33 (15.3%)	Business	3 (1.4%)
Business	54 (25.0%)	cultivator	37 (17.1%)
Cultivator	36 (16.7%)	Housewife	160 (74.1%)
Daily wage labour	90 (41.7%)	Daily wage labour	7 (3.2%)
Total	216 (100%)	Total	216 (100%)
Education		Education	
Up to primary	33 (15.3%)	Up to primary	53 (24.5%)
High school and above	183 (84.7%)	High school and above	163 (75.5%)
Total	216 (100%)	Total	216 (100%)
Age at marriage (in years):		Age at marriage (in years):	
20 or less		18 or less	
21-30	34 (15.7%)	19-25	78 (36.1%)
31 and above	144 (66.7%)	26 and above	126 (58.3%)
	38 (17.6%)		12 (5.6%)
Total	216 (100%)	Total	216 (100%)
Age at first birth:		Age at first birth:	
30 or less	165 (76.4%)	24 or less	182 (84.3%)
31 and above	51 (23.6%)	25 and above	34 (15.7%)
Total	216 (100%)	Total	216 (100%)

In the present study, good awareness level is observed about the scheme Mamoni as compared to the other schemes. About 31.9% of the respondents spontaneously answered about the facility “an amount of Rs 1000 which is given to pregnant women during the Antenatal care”. The Government of Assam has introduced Mamoni scheme under which a booklet having tips of safe motherhood are provided to the pregnant women. Awareness about the Mamoni scheme is found to be moderate. About 30% of the study subjects responded spon-

taneously that they are aware about this booklet; while about 60% responded after probing.

Only 2.8% of the respondents spontaneously answered about the facility free drop back from institute to home. About 11.1% of the respondents spontaneously answered about the facility free treatment during delivery. The details of the results are shown in table 2.

Table 2: Awareness on different facilities of Maternal and Child Health Care schemes under NRHM:

Schemes	Facilities	Spontaneously	By Probing	None	Total
JSY	Institutional delivery	40(18.5%)	120(55.6%)	56(25.9%)	216(100%)
	Free drugs after delivery	17(7.9%)	100(46.3%)	99(45.8%)	216(100%)
	Rs 1400 after delivery	26(12%)	115(53.2%)	75(34.7%)	216(100%)
JSSK	Free treatment during delivery	24(11.1%)	61(28.2%)	131(60.6%)	216(100%)
	Free transport from home to institute	22(10.2%)	64(29.6%)	130(60.2%)	216(100%)
	Drop back from institute to home	6(2.8%)	90(41.7%)	120(55.6%)	216(100%)
Mamoni	Booklet on trips on safe motherhood Mamoni	65(30.1%)	131(60.6%)	20(9.3%)	216(100%)
	During antenatal check-up, an amount of Rs 1000 given to pregnant women	69(31.9%)	137(63.4%)	10(4.6%)	216(100%)
Majoni	Fixed deposit of Rs 5000/- for girl child	32(14.8%)	107(49.5%)	77(35.6%)	216(100%)
Mamata	Free service after 48 hrs of delivery	60(27.8%)	84(38.9%)	72(33.3%)	216(100%)
	Mamata kit (baby powder, baby oil, a mosquito net, flannel cloth)	51(23.6%)	114(52.8%)	51(23.6%)	216(100%)

Further, chi- square test for independence of attributes is used to study the association between awareness level and different socio-demographic factors of the respondents regarding various entitlements of JSSK. The study shows that caste of the respondents has significant association with the awareness level. The respondents belong to ST/SC community have less awareness on different facilities provided by the scheme JSSK as compared to the respondents belong to other communities. The study also shows that awareness level is high w.r.t. the education level of the respondents. The respondents who have completed education up-to high school and above are much aware as compared to the respondents who have completed their education up-to primary school level. But, it is not statistically significant. The study shows that distance from Primary Health Center (P.H.C) to the respondent's home have significance association with the awareness level of the respondents. The respondents who

have less than 3.5 k.m. distance from P.H.C.to their home are more aware as compared to the respondents who have distance from PHC to their home is 3.5 k.m. & above. It is also seen that good road communication and transportation facility of the study area have significant association with the awareness level of the respondents. The study also shows that the respondents who have completed full antenatal check-up (ANC) are more aware on different facilities provided by the scheme Janani Shishu Suraksha Karyakram (JSSK) as compared to the respondents who have partially completed their antenatal check-up (ANC). But, this association is not statistically significant. The study shows that order of birth have significant association with the awareness level of the respondents.

The association between socio-demographic factors and awareness level of the respondents regarding Janani Shishu Suraksha Karyakram (JSSK) are shown in table 3.

Table 3: Association between socio-demographic factors and awareness of the respondents (JSSK)

Characteristics	Aware	Not aware	Total	χ^2	p-value
Caste:					
ST & SC	123 (82.0%)	27 (18.0%)	150 (100%)	9.909	0.002
Others	41 (62.1%)	25 (37.9%)	66 (100%)		
Education of Husband:					
Up to primary	25 (75.8%)	8 (24.2%)	33 (100%)	0.001	0.980
High school & above	139 (76.0%)	44 (24.0%)	183 (100%)		
Education of Wife:					
Up to primary	44 (83.0%)	9 (17.0%)	53 (100%)	1.933	0.164
High school & above	120 (73.6%)	43 (26.4%)	163 (100%)		
Standard of Living:					
Low	18 (85.7%)	3 (14.3%)	21 (100%)	2.156	0.340
Middle	65 (78.3%)	18 (21.7%)	83 (100%)		
High	81 (72.3%)	31 (27.7%)	112 (100%)		
Distance from PHC:					
Less than 3.5 k.m.	82 (68.3%)	38 (31.7%)	120 (100%)	8.515	0.004
3.5 k.m.& above	82 (85.4%)	14 (14.6%)	96 (100%)		
Road Communication:					
Not good	147 (80.8%)	35 (19.2%)	182 (100%)	14.839	0.0001
Good	17 (50%)	17 (50%)	34 (100%)		
Transportation:					
No	122 (84.1%)	23 (15.9%)	145 (100%)	16.275	0.0001
Yes	42 (59.2%)	29 (40.8%)	71 (100%)		
Asha Visit:					
More than 1 week	130 (77.4%)	38 (22.6%)	168 (100%)	0.876	0.349
Every week	34 (70.8%)	14 (29.2%)	48 (100%)		
Antenatal Check-Up:					
Partial	31 (79.5%)	8 (20.5%)	39 (100%)	0.330	0.566
Full	133 (75.1%)	44 (24.9%)	177 (100%)		
Family Type:					
Nuclear	98 (73.1%)	36 (26.9%)	134 (100%)	1.505	0.220
Joint	66 (80.5%)	16 (19.5%)	82 (100%)		
Order of Birth:					
Order 2 & more	90 (81.8%)	20 (18.2%)	110 (100%)	4.258	0.039
Order 1	74 (69.8%)	32 (30.2%)	106 (100%)		

DISCUSSION

In this study, good awareness level is noticed about the facilities provided by the scheme Mamoni as compared to other schemes. In other parts of India, different studies are conducted to assess the level of awareness regarding various maternal and child health care schemes. Most of the other studies that have explored awareness of maternity benefit schemes mainly concentrated on awareness regarding Janani Suraksha Yojna (JSY). According to study by Kannan et.al awareness level about JSY is about 62.3%^[2]. The study by Chavan et. al. it is about 52.7% and only 17.24% of the respondents are able to answer the correct name of the scheme JSY^[1]. The study by Chatterjee et.al had reported that none of the respondent able to utter the correct name of the scheme JSY. According to the study by Chatterjee et.al about 18.75% Of the respondents aware of the facility free normal delivery and none of them are aware of free caesarean section. The study by Barua K. reported that about 88.1% of the respondents aware about the facility free service given to the women after delivery which is good as compared to the findings of the present study. In the present study only 27.8% of the respondents aware about the facility free service after delivery. The study by Baruah K, had reported that about 85% of the respondents aware about the facility free drugs which is given to the women during delivery and according to study by Chatterjee et.al, about 18.75% of the respondents aware about this facility^[1]. In the present study only 7.9% of the respondents aware about the facility free drugs which is given to the women during delivery.

According to the study by Chatterjee et.al about 14.58% of the respondents aware about no user charge during delivery and according to the study by Baruah K, about 85% of the respondents aware about no user charge during delivery^[1]. In the present study only 11.1% of the respondents aware about no user charge. There is a difference between the findings of Barua K and the present study regarding awareness about no user charge during delivery. The findings of the present study shows lower awareness level about the facility no user charge as compared to the findings of the Baruah K. According to the study by Baruah K, awareness on free transport from home to health institution is about 82.7% whereas in the present study only 10.2% of the respondents are found to be aware about the free transportation facility provided to the mother. According to Baruah K.^[2] study, about 72.4% of the respondents aware about the facility drop back from institute to home after delivery and according to the study by Chatterjee et.al about 35.42% of the respondent aware about this facility. In the present study only 2.8% of the respondents aware about the facility free drop back from health institution to home.

Overall awareness level among the respondents in the present study regarding various entitlements of maternal and

child health care schemes are poor as compared to Chatterjee et.al and Baruah K study.

CONCLUSION AND SUGGESTIONS

Efforts are needed to increase awareness level of the reproductive women in the rural areas like Majuli regarding various free entitlements of NRHM to increase the utilization of the benefits of the schemes.

For enhancing the awareness level about the different health care schemes provided by state and central government, awareness programmed has to be organized. The Public-Private-Partnership (PPP) may be encouraged in these areas. ASHA: the village health worker should take initiative steps to bring more awareness among the masses. She can play a very vital role in communicating between the masses and public health system. The different forms of print, electronic and social media may play a very pro-active role for increasing the awareness level about different health facilities provided by the government among the beneficiaries. Finally, it may be conclude that the co-operation from govt. as well as the people in general will certainly lead to the better awareness in these areas. The key for the successful implementation of these schemes, programmed of mass awareness are necessary.

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